

FD30000002780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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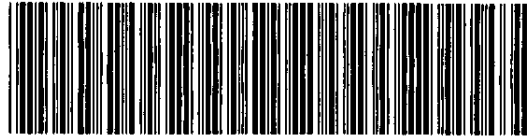
(Business Entity Name)

(Document Number)

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HALE SKEMP
HANSON SKEMP & SLEIK
ATTORNEYS & COUNSELORS AT LAW

April 16, 2015

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: O'Brien Services, Inc. - Change of Registered Agent Address

Dear Sir or Madam:

Enclosed for filing please find a Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations for O'Brien Services, Inc. which changes the address of the Registered Agent. Also enclosed is a check in the sum of \$35.00 for the filing fee. If you should have any questions, please do not hesitate to contact me. Thank you.

Best regards,

HALE, SKEMP, HANSON, SKEMP & SLEIK

Kevin J. Roop
[email:kjr@HaleSkemp.com](mailto:kjr@HaleSkemp.com)

KJR/smw
Enclosures

Quincy H. Hale
(1919-1987)
Thomas H. Skemp
(1936-1977)
Ernest O. Hanson
(1941-2007)
Thomas S. Sleik
(Emeritus)

Robert C. Skemp
Roger L. Imes
James G. Curtis
Charles E. Hanson
David B. Russell
Michael W. Gill
Thomas L. Horvath
Bryant H. Klos

Margaret Ahne Heritzka§
Kevin J. Roop*
Frank M. Doherty*
Thomas J. Kieffer
Craig R. Steger♦
Sarah E. Fortune
Jennifer S. Kovari
Garett T. Pankratz
♦ Also Licensed in Iowa
* Also Licensed in Minnesota
§ Court Commissioner
■ Asst. Family Court Commr.

Paralegals
Marlane R. Myhre
Andrea L. Parr
Melissa L. Pepin
Sharlene S. Nickelatti
Ashley R. Christensen

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: O'Brien Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F03000002780

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attorney Kevin J. Roop

Name of Contact Person

Hale, Skemp, Hanson, Skemp & Sleik

Firm/Company

505 King Street, Suite 300

Address

La Crosse, WI 54601

City/State and Zip Code

kjr@haleskemp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin J. Roop

Name of Contact Person

at (608) 784-3540

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: O'Brien Services, Inc.
2. The principal office address: 208 S. Holmen Drive
Holmen, WI 54636
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/02/1995 Document number: FD3000002780

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Edward J. O'Brien

740 Saint George Court

Naples, FL 34110

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Edward J. O'Brien

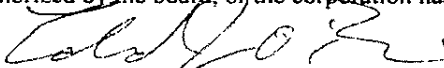
7360 Glenmoor Lane, Unit 304

P.O. Box NOT acceptable

Naples, FL 34104

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Edward J. O'Brien, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

February 16, 2015

Date

If signing on behalf of an entity:

Edward J. O'Brien

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (03/12)